

Invisible Mothers: Parenting by Homeless Women Separated from Their Children

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Abstract Though surveys repeatedly demonstrate that most women who are homeless alone have minor children living apart from them, there is little information on the circumstances of their separations or whether and how they remain involved with their children. Analysis of data from in-depth interviews with mothers, relatives caring for their children, and shelter and child welfare staff highlights a tension between perspectives and aspirations of mothers and the agendas and social processes through which institutional systems manage the family life of women marginalized by homelessness and disability. Though women's agency is evident in their efforts to maintain parenting roles, without facilitating resources and supportive structures, agency is often reduced to unpalatable choices among constraining alternatives. We consider how service systems might mitigate barriers to mothering as well as broader changes needed to genuinely support women's aspirations for themselves and their families.

Keywords Homeless women · Homeless mothers · Mothering · Family separations · Homeless services

Introduction

Homeless poverty among women in the United States reveals itself in two distinctive variants: mothers who enter homeless shelters with their minor children (and sometimes with a partner or husband); and women who are homeless alone.

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Though surveys over more than 25 years have repeatedly shown that most of the “lone” homeless women in shelters are also mothers of minor children who live elsewhere [6–8, 24, 30], studies comparing the two groups of women have emphasized their differing clinical profiles and the differing service needs that follow. Solitary women, who are more likely to have diagnoses of mental illnesses or substance disorders [3, 12, 20, 24, 31], are thought to need psychiatric and substance abuse treatment, but not services to address their needs as mothers [24, p. 601]; women who are homeless *with* their children are considered candidates for housing assistance, public entitlements, parenting skills training, job training, and day care services [12, p. 540]. The failure to recognize and provide parenting support for separated mothers who are homeless has implications for whether and how they manage mothering roles.

In New York and other large cities, homeless services for women are organized around this understanding of contrasting characteristics and needs. Although research using administrative data from New York City shelters showed that 28% of women exiting shelters for single adults in 1992 stayed in family shelters with children in the prior or subsequent 3 years [13], the two categories of homeless mothers are more often treated in static terms. When researchers acknowledge unaccompanied homeless women as mothers, their separation from their children is seen as a predictable reflection of psychiatric and substance abuse problems—which are presented not only as causes of their homelessness [24, p. 609] but also as sources of danger to their children that will preclude the possibility of reunification [12, p. 540].

Mental health researchers reviewing issues facing mothers with mental illness have suggested that poverty and homelessness may play a larger role than psychiatric disorders in separating women with mental illnesses from their children [16]. Yet researchers, service providers, and policy makers concerned with women’s homelessness have shown remarkably little interest in the circumstances of family separations among unaccompanied mothers who are homeless, in the extent to which they remain connected to their children, in the longer-term possibilities for reunification with their children, or in the kinds of support and services that might make that possible.

At the same time, anthropologists, historians, and feminist scholars in other fields have used concepts such as “stratified reproduction” [4, p. 90] in describing power relations that empower some categories of people to nurture and reproduce, while disempowering others [11, p. 3]. This work examines “the hierarchical arrangements surrounding parenting structure...and the discursive dimensions by which parents are categorized as appropriate or inappropriate” [11, p. 13]. Solinger identifies examples of such hierarchies in various periods of US history: for centuries, enslaved black women had their children sold away; in the nineteenth century, “child rescue” workers placed the children of poor urban white mothers on “orphan trains” taking them to white Protestant families in the Midwest; and after World War II, unmarried white women were urged or coerced into giving their babies to “properly married” couples to raise [25, p. 382]. Extending this approach are studies that delineate how such power hierarchies structure and pervade the lives of women attempting to mother along a range of “fault lines” [18, p. 7], examining,

for example, how dominant standards of good mothering can become another source of injury for women whose circumstances render such standards impossible to achieve [2, p. 263] or whose maternal priorities are shaped by different historical experiences [5, 10].

Homeless women whose children live with others—and particularly those struggling with mental illnesses or substance problems—are among the most disempowered of contemporary mothers. Their homelessness and separations stigmatize them as inadequate parents, regardless of the circumstances under which they occurred. They are more likely than other homeless mothers to have suffered the traumas of physical and sexual abuse, victimization, and long histories of homelessness [31]. Unless they are pregnant, they typically do not qualify for “family shelter” placements and services, and to the extent that they make use of homeless service systems (shelters, drop-in centers), their concerns about their families are unlikely to be acknowledged or addressed. The National Survey of Homeless Assistance Providers and Clients (NSHAPC) confirms that this is a national issue: 31% of the homeless mothers who had minor children were living apart from them [30]. Yet without information on circumstances of separation, whether and how mothers remain in contact with or involved in parenting children while separated, their expectations for reunification, or the barriers they face, it is not obvious what alternatives might be desirable or possible.

To address these issues, we undertook a qualitative study of mothers who were staying in homeless shelters for unaccompanied single women and had minor children living elsewhere. The findings we report here reveal the complex circumstances of separation, the processes of parenting from a distance, the supports mothers rely on and the multiple parenting barriers they encounter. Our analysis highlights a tension between perspectives and aspirations of mothers, for whom mothering is a significant role and identity, and the agendas and social processes through which institutional systems manage homelessness and family life of women marginalized by poverty and disability. We consider how existing service systems might mitigate this tension as well as broader changes needed to genuinely support women’s aspirations for themselves and their families.

We begin this report with an account of our methods and a quantitative description of our sample. This is followed by condensed narrative accounts of two women’s stories that illustrate many of the parenting processes and barriers identified in our analysis. These are described in subsequent sections on parenting from a distance and the systems barriers to parenting. We conclude with a discussion of implications for research, service interventions, and policy.

Invisible Mothers: Issues and Methods

Our study focused on “invisible mothers”—homeless women separated from their minor children—in shelters for single adults. Given the minimal attention this group has received, the study goals were descriptive: to document individual circumstances and social processes involved in women’s homelessness and separation from children; to describe whether and how mothers maintain contact and parenting

involvement while homeless and living apart from their children; and to describe mothers' parenting goals and aspirations as well as barriers and supports that might affect their ability to achieve them.

The study was designed to elicit perspectives not only of mothers but also of others connected to them: people caring for their children and staff in the shelter, child welfare, or other agencies from which they received services. We conducted in-depth semi-structured interviews with a convenience sample of 20 mothers in two shelter programs, 10 kin caregivers, and 17 case workers. The interviews focused on the women's childhood and adult residential histories, the circumstances associated with separations from their children, the children's care givers and living situations, mothers' parenting roles and contact with children while separated, their parenting goals and aspirations, and their experiences with the homelessness, treatment, housing, and child welfare systems.

Interviewers took detailed notes during the interviews, with an emphasis on capturing women's verbatim accounts of key events and processes. These initial field notes were the basis for narrative accounts of each interview that were word processed within a day or two of the interview and entered into an N6 database for managing qualitative data [19]. Descriptors of mothers and their families were abstracted and used to compile a quantitative portrait of the mothers. Qualitative analysis proceeded through several stages, beginning with an initial sorting of data into domains of interest (residential history, separations, care arrangements, motherhood activities and roles; service systems), followed by identification of major dimensions within domains, and conceptual coding to identify processes and meaning within them.

Study Setting and Sample

The study was carried out in New York City's shelter system for single adults, which in recent years has sheltered approximately 7,500 individuals each night, 23% of whom were women [17]. The dozens of "singles shelters" are distributed across four of the city's five boroughs; many are located in institutional settings (armories, former schools, even convents); most are operated by not-for-profit agencies under contract with the city's homeless services agency and are designated for particular sub-populations assessed as needing specialized mental health, substance abuse, medical, or employment services. Although run by the same city agency that provides shelter for families with children, the "singles shelters" constitute a distinct system, with different entry points, eligibility criteria, assessment procedures, and shelter facilities. Unaccompanied women enter the system through a small number of assessment shelters for single women, where their problems and needs are evaluated in order to place them in an appropriate single adult shelter program.

We recruited women from two shelter programs, one for women with severe psychiatric disorders, the other for women with drug and alcohol problems. Like the larger population of NYC shelters for single women [13], the women in our sample were women of color: 80% were African American, 15% Latina, and 5% Asian.

Their mean age was 32.2 years, within the range of other studies that have characterized this group and somewhat older than women in family shelters [13, 24]. Like women in the national NSCHAPC survey [30], they had experienced extensive trauma and adversity: 45% reported childhood sexual abuse and 75% had experienced physical or sexual abuse as adults. Half of the women in our sample had been assessed as needing intensive substance abuse services; and half were in a shelter program for women with major psychiatric diagnoses (bipolar disorder, schizophrenia, depression or anxiety disorders). In addition, a number of women reported chronic medical conditions (lupus, hypertension, diabetes) that affected their functioning. At the point of our interviews, they had spent from 1.5 to 24 consecutive months (8.5 months on average) in the shelter system; 45% also reported previous stays in a family shelter, and 20% had a prior stay in a shelter for single women. Three women (15%) were staying in family shelters just prior to their current shelter admission.

The women's families were larger than those of separated mothers in the NSHAPC sample: 85% had more than one child compared to 51% in NSHAPC [30]. The average of 2.6 children was also larger than the average of 2.0 children reported for sheltered families [22]. One quarter of mothers had been separated from children for less than a year, 50% were separated for 1–2 years, and 25% had longer separations. Three women (15%) had entered single adult shelters directly from a family shelter after events like a positive drug test or an altercation with another resident led child welfare authorities to remove their children, and most women (65%) had active child welfare cases. A majority of the women (55%) had children living with maternal relatives or others in the mother's immediate networks such as friends or godparents; 35% had children cared for by their fathers or other paternal relatives, and 10% had children in non-kin foster settings. Many women whose children were with relatives were uncertain about the legal status (kinship foster care, temporary guardianship, or informal) of the care giving arrangement.

All of the women in the study were in contact with at least some of their children, and 70% said they were actively seeking to reunite their families and resume a primary parenting role. A quarter of the women did not expect to become primary care givers to their children in the near future but were working towards sustaining relationships with children and sought housing where children could visit overnight or on vacations, even as they continued to reside with fathers or grandmothers who were currently caring for them. Only one woman, after describing painfully awkward visits monitored and cut short by her children's father and his wife, suggested that "people who can't get their kids, we have to let them go sometimes."

Two Women's Stories of Homelessness and Separation

The following condensed summaries of two women's stories illustrate what parenting can entail in the context of homelessness and separations. As these accounts show, women disadvantaged by disrupted childhoods, adult experiences with mental illness, and death or incarceration of partners had previously been able to keep their families together, typically with various kinds of help from extended

family networks composed of their own relatives and sometimes the children's fathers or other paternal relatives. Those who lacked or were estranged from family had patched together workable alternatives, drawing on friends and fictive kin, working when possible and resorting to public assistance and family shelters when necessary. However when major life events disrupted these support systems, a cascade of difficulties followed, including problems disciplining children, depression, drug use, job loss, eviction, separation from children, and entry to a shelter for single women. Yet women like Donna and Cherise (all names are pseudonyms), whose experiences are summarized below, persisted in their effort to continue parenting and to reconstitute their families.

Donna, a 34-year-old woman with four children, grew up with her mother and four sisters, supported by her mother's civil service job and later a disability pension. As an adult, Donna lived with her mother who helped in raising Donna's four children. During two psychiatric hospitalizations, Donna relied on her mother, who "knew my mind wasn't stable and helped out a lot with the kids. They were like her kids too." Donna's relationships with men usually ended badly: her first child's father was shot and killed before his daughter's birth; her second child's father was serving "double life" for a felony; and her husband, father of her two youngest children, was also in prison.

Donna came to the shelter after 2 years of difficulties that began with her mother's unexpected death, which left her struggling economically and emotionally. After her husband, who lived with her on and off, was incarcerated, she describes a deteriorating situation: "The kids started staying out late, my nerves were bad and I was getting high." A sister, troubled by Donna's drug use, sought help from child welfare authorities, who placed the children in unrelated foster families. Donna and her sisters successfully petitioned the court to move the children to relatives (two were placed with Donna's aunt, the others with her oldest sister) while Donna entered drug treatment. While in detox she lost her mother's home and afterwards went to the shelter. During her shelter stay Donna negotiated with the court to move her 16-year-old daughter, now pregnant, to the aunt and to redistribute the younger children to other sisters who had closer relationships with them. When her daughter's baby was born, the shelter program allowed Donna to spend a week with her family.

Donna's sister described the losses experienced by Donna's pre-teen daughters who were living with her: "My mother passed—she raised them. It's hard for them. They lost their home and they lost two moms." Donna's shelter case manager observed that the children motivated Donna to stay off drugs and address other problems, saying that "being a mother is the main thing for her. It has been very stressful not to be in that role. She has been psychologically affected." But when she tried to advocate for Donna with the foster care agency, she was rebuffed. Noting that the wait for housing subsidies was "a mile long," she predicted that Donna would be in the shelter waiting for housing for at least another year.

Cherise, also 34, had few kin resources to draw on. She was raised in an abusive foster home, raped by her foster father at 13, and then placed in a series of facilities and group homes. She had worked at a series of jobs to support herself and her three children (sons 14 and 5; daughter 2) and kept her children with her through moves

between apartments of her own, doubling up with a boyfriend or foster relatives, and a stay in a family shelter. Things began to unravel after her daughter was born as she felt overwhelmed, in conflict with her baby's father, and unable to discipline her oldest boy whom she sent to stay with his father in Florida. She began to use drugs, and after a serious fire destroyed all her family's possessions, child welfare investigators found drugs in the burned apartment and removed her younger children to non-kin foster care. Without home or children, Cherise entered a drug treatment program in the shelter. She and the children's paternal kin petitioned to move the children to relatives, and the oldest and youngest children were placed with their fathers and paternal grandmothers; the middle boy (whose father had been imprisoned and deported) stayed with Cherise's foster sister until Cherise learned he was being mistreated and was able to have him join his older brother in Florida with his grandmother for the summer.

At the shelter, Cherise complied with shelter, drug treatment, and child welfare requirements but complained about "so many different people telling me what to do." Her child welfare service plan listed maintaining child visitation schedules, completing drug treatment, and finding housing as conditions of family reunification. However, the foster care agency often rescheduled visits without warning, and her shelter case manager suspended visits when the shelter's drug treatment program "closed the house" for a month (prohibiting all participants from making or receiving phone calls, or leaving the building). The father of Cherise's daughter sought custody of all of her children, but he was unable to find an alternative to the crowded apartment where he lived with his relatives, and when Cherise's sons returned from Florida, they were placed with a non-kin foster family. Though this placement proved unsuitable (the parents spoke no English, the children spoke no Spanish), the foster care worker dismissed Cherise's complaint that informing her would have averted this situation: "Sometimes you don't have time to be calling [the mother]. I'm not gonna tell her about every single thing that is being done."

At the next court hearing, the judge, exasperated with the foster care agency, returned the children to Cherise on the spot. It was 5 pm on a Tuesday evening, just hours before she was expected to work as a night-shift dispatcher for a delivery service. She could not bring the boys to the shelter and scrambled to arrange to stay overnight with a foster cousin while she considered next steps. The foster care agency offered Cherise a furniture voucher if she could find housing in the next year but provided no other assistance; and shelter staff recommended that she attend Narcotics Anonymous meetings, wished her well, and gave her directions to the family intake shelter.

Parenting from a Distance

Most women described major past roles in caring for their children either alone or in cooperation with relatives or a partner. When women like Donna and Cherise arrived at the shelter without their children, they continued to see parenting as a primary responsibility even though day-to-day care was in the hands of others. They sought ways to ensure their children's welfare, tried to remain involved in their

lives, worked toward addressing their own drug or mental health problems, and envisioned reuniting with their children in an apartment of their own. Their efforts to continue parenting required not only active initiative on their part, but also supportive caregivers, acquiescence if not facilitation by shelter staff, and sometimes permission from family court judges as well as foster care agencies. At each point in their efforts to mother their children from a distance, women had to negotiate a welter of conflicting needs, demands, and requirements.

Arranging Care

For mothers whose children had been displaced from their homes to new settings, a primary concern was ensuring that their children were being well cared for, physically and emotionally. Donna complained that her children initially were placed with people who “didn’t even love them.” After they were moved to relatives, she arranged further moves to better meet their needs. Cherise pressed for her son’s relocation from her foster sister when he lost weight and developed sores in his mouth. She later challenged an inappropriate foster care placement for her two sons. To influence placement decisions and address concerns about children’s care situations, women had to make appeals to child welfare workers, negotiate with relatives or other care givers, submit petitions to family court, and monitor the adequacy of the new situations—all activities made more difficult in the shelter context.

Visitation

In reflecting on what being a mother entails, the women almost invariably mentioned the importance of “being there” for one’s children: being there to feed them, dress them, and help with homework, being there to provide, to talk with them, to care for them, being there when they hurt themselves, being there to spend time with them, being there for them mentally, physically, and emotionally, being in their life. Visits and phone calls provided only a limited substitute for being there but were essential for sustaining parenting roles. Distance was an obstacle to contact but women found ways to diminish its effect. Carolyn, a woman whose children were staying with relatives in North Carolina, exchanged letters with them three times a week and called them on Sundays when permitted. Relationships with care givers also mattered: Donna’s family collaborated to bring all her children together and make visits a positive occasion for all involved. Lorraine, who talked about “letting go,” had visits that were kept brief and tense as her ex-husband and his current partner hovered watchfully while she attempted to connect with her children.

The most common obstacles or disruptions to contact came from family court rulings about frequency and supervision of visits, foster care agencies’ scheduling practices, and shelter program routines, requirements, and rules. Cherise had to petition the court to increase her biweekly visits when her 2-year-old no longer seemed to recognize her; and the foster care agency handling her sons’ placement

frequently changed visitation times with little advance notice. For others, shelter rules affected contact. Shelter staff cancelled Mia's scheduled visits when a curfew violation made her case manager believe she was not serious about her treatment program. And Yvonne, whose sister cared for her disabled son, had court approval for unrestricted visits, but when she missed scheduled therapy groups to take him to doctor's appointments, her shelter case manager told her to choose between being a mother or completing the program—though program graduation was a condition of regaining custody.

Treatment Programs

Women had entered shelter when they were experiencing instability in several aspects of their lives. Although those with active child welfare cases had to satisfy more formal reunification requirements (usually parenting classes, treatment compliance, maintaining visitation, securing income and housing) than women who had voluntarily placed children with family members, all women were involved in mental health or substance abuse treatment programs which required participation in individual and group therapy and structured group activities. Shelter workers focused on ensuring women's compliance with program attendance requirements and urged women to give priority to their own treatment needs, but mothers like Donna complained that "they say you have to work on yourself, but how many times you want to be with the kids!"

Women complained about the prominence given to treatment goals over educational or employment services that would help them provide for their families, but desire for reunification provided a strong motivation to adhere to program expectations. Corinne said that fear of not regaining custody led her to comply with the court's extensive reunification requirements: "I started doing what I had to do: parenting classes, HIV tests, group sessions, child visits, random drug screens, housing. I want to leave but I stay because this can help the situation with my kids." Even women who reported that program services had helped them address mental health and drug problems complained of the mechanisms used by shelter staff to leverage treatment compliance (granting or withholding phone and visiting privileges), which had a direct impact on contact with their children. As Paula explained, "I have to schedule other appointments around my visit days so I don't miss out. When [my case manager] changes it, I get in trouble because [child welfare authorities] say I don't comply. It can be used against me." Both treatment program staff and foster care agencies reported to family court on women's compliance and progress; and failures in following either treatment or visitation requirements were held against them in tracking their progress toward reunification.

Housing and Family Reunification

Lack of housing was one of the most intractable obstacles to reunification. Sandra, who had been in the shelter over a year, had completed parenting classes, substance abuse treatment, and therapy required by her child welfare service plan. Her final

hurdle was finding suitable housing. The judge had extended the time for completing the service plan, but not indefinitely. Her case manager helped her apply for a federal housing subsidy, but expected it would take a year to come through, if at all. In the meantime, the case manager was looking for single adult housing, but Sandra would not be allowed to live there with her children. If she failed to find family housing by the deadline extension, her parental rights would be terminated. Janice had also adhered to all of her service plan requirement, and had applied for a housing subsidy that would allow her to afford housing that child welfare would consider adequate. When a background check revealed a 2-week jail stay, her application was denied. Though she was appealing the decision, it was unclear whether it would be resolved before the service plan deadline.

Publically subsidized housing was usually the only option for mothers. Many had previously doubled up with relatives, but as their families expanded, these housing situations were usually inadequate to meet child welfare requirements for reunification, as Cherise and her family found. The absence of affordable housing for very poor families [29] has been reflected in increasing family shelter entries in New York throughout the first years of the twenty-first century [17]. Sheltered families often receive priority for family housing vouchers or program slots but these resources were not available to separated mothers. Even temporary accommodations in family shelters were not available to Sandra, Janice, and the other separated mothers. They were caught between family shelter rules that deemed them not eligible for admission because their children were not with them, and child welfare policy that would not return the children because they lacked suitable family accommodations. The difficulty of finding housing not only prolonged separations, but put mothers at risk of losing their parental rights.

Systems in Conflict: Competing Agendas and Timetables

As women worked on establishing adequate care arrangements, maintaining contact with their children, completing treatment programs, and obtaining housing, they frequently found themselves caught between the demands of shelter case managers, treatment staff, child welfare workers, foster care staff, and family court judges. These conflicting expectations reflect the competing agendas and timetables of the major institutional systems that frame the family life of homeless mothers living apart from their children.

In New York City, as elsewhere, shelter programs for unaccompanied women have evolved from providing food and shelter to offering extensive services to ensure women will make stable exits from shelter. These programs focus on preparing individuals to meet the admission criteria used by supportive housing programs to identify people likely to do well in relatively independent housing (typically operationalized as 6 months or more of substance abstinence, compliance with medication regimens, and obtaining public benefits or work income). The shelters in which we recruited mothers operated highly structured programs that used practices common in modified therapeutic communities to accomplish treatment goals and prepare shelter users for housing.

Shelter case managers focused on promoting adherence to treatment programs and, once women had progressed through initial program levels, beginning the process of applying for supportive housing. Most avoided addressing mothers' family concerns and viewed these as outside their responsibility or expertise, even when they acknowledged that separations evoked mothers' guilt, anger or depression, and that children provided strong motivation for mothers to address treatment needs. One case manager who described a client's increased depression and drug relapse following a difficult visit with her children nonetheless reported that "we minimize activity in terms of the child, custody and such. Basically for clinical reasons when you open it up to the family it brings up other things. In terms of advocacy on behalf of the client we really don't do that." Others described themselves as ill-equipped to help women find family housing and unfamiliar with procedures for accessing federal housing subsidies or family-size apartments in public housing projects. One worker asserted that most women had lost their children long ago and in any case, workers were simply overwhelmed: "This is a singles shelter. Unless they have [a child welfare] worker, we don't really deal with their kids—it would be too much. We can't really deal with that on top of everything else."

Shelter case managers felt their clients were not well served by services that should be addressing their family concerns. Two who had tried to advocate for clients with child welfare or foster care staff reported they were unresponsive ("harder to reach than the president!") or actively hostile to their inquiries and failed to help clients find the services needed to comply with reunification plans. One described a client who had struggled through a trial-and-error process of seeking drug treatment on her own: when she found an upstate residential rehabilitation program, her public assistance was cut off and she was discharged to the street, then hospitalized and eventually transferred to a program for "mentally ill chemical abusers." While there, her parental rights were terminated. He had contacted a group doing legal advocacy for shelter residents, but they considered family issues outside their purview.

Child welfare workers were operating within a system focused on protecting children, whose interests were often seen as opposed to those of their mothers. Since the passage of the federal Adoption and Safe Families Act (ASFA) in 1997, local child welfare authorities have been required to impose a 15-month time limit for achieving permanency for children by either returning them to their families or terminating parental rights to free them for adoption. Extensions of the time limit were permitted but were not automatic. Developed in reaction to policies that had often maintained children in unresolved foster care settings until they "aged out," ASFA promoted service timetables based on research in child development emphasizing the importance of supporting durable permanent attachments—by rapid termination of parental ties if necessary [1, 9].

Child welfare staff and foster care workers were impatient with the shelters' restrictive rules and with treatment programs that interfered with mothers' ability to phone or visit their children. They also found it difficult to communicate with mothers through shelter staff and though some made efforts to do so, others did not feel obligated to keep mothers informed about changes in their children's situations.

Some appeared to be overwhelmed—leading to errors in placement such as that experienced by Cherise’s boys, unresponsiveness to mothers who were not forceful advocates for their children, and sometimes resistance to those who were.

While shelter workers encouraged mothers to seek housing in the programs for single adults, child welfare authorities required mothers to obtain appropriate family housing in order to reunite with their children. Separated mothers were not eligible for temporary housing in the family shelter system, had few good options for family housing, and received little help from either system to access it. The public housing waiting list had been closed for years and staff estimated the wait for federal housing subsidies was at least 1 year; only limited family supportive housing existed [28]; and even when relatives were willing to take in mothers and their children, overcrowded housing did not satisfy child welfare’s requirement for appropriate housing and could prevent return of children.

Separated mothers were engaged with multiple service agencies yet remained without effective advocates to help them negotiate such varied and conflicting demands. Blamed for making poor choices in the past, they were now in situations in which none of the choices available to them were good ones for both themselves and their families.

Discussion and Conclusion

By looking closely at the efforts made by homeless women to remain engaged in parenting their children who are living with others, we have tried to give visibility to their status as mothers, their active efforts to continue parenting roles, the aspirations of many for reunification, and the multiple barriers to accomplishing it. Here we review some of the main findings and their implications for how we understand the experiences of unaccompanied homeless women and their parenting needs.

The stories of the separated women reveal that the distinction between mothers who are homeless with their families and those who are homeless alone is more fluid than much prior research suggests. Though a few had longstanding separations from children who were mainly raised by others, the women we interviewed typically had assumed major roles in parenting their children either alone or with help from relatives. Many women, at other points in time, had been residents of family shelters: a few came to single adult shelters directly from family shelters after incidents that led to removal of children by child welfare authorities; others had previously used family shelters to successfully restabilize their situations following housing crises; and two were suddenly reunited with children, but in the absence of viable family housing appeared to be headed for family shelters. The permeable boundaries between these categories of homelessness should remind us that both homelessness and family separations are better seen as transitory states than enduring traits—a perspective that has implications for how we understand supports and services needed by women and their families [21].

The women described loss of home and often concurrent, usually traumatic, separations from children as disorienting and disempowering experiences. Whether

they had become mothers through intention or happenstance, they talked about mothering as a significant identity and a major life project [23]. Separations called into question their claim on motherhood, while homelessness isolated them from family and community supports and strained mother-child bonds. In this context, the determination of so many mothers to influence and mitigate the separation experience for their children and to sustain parenting roles in their lives bespeaks a remarkable exercise of agency. It also underscores the reduced scope for agency when unsupported by resources and enabling structures—as evidenced in the tension between mothers' aspirations and the varied agendas of the systems that managed their homelessness and family life. While women were preoccupied with the welfare of their children, treatment programs urged them to focus on themselves first, and penalized those who choose visitation over attending therapy groups; while women sought regular contact with their children, foster care workers arranged and changed visitation schedules to fit staff and foster family convenience but found it cumbersome to keep in touch with mothers in shelters; while women sought hard-to-find family housing, shelter programs offered referrals to supportive housing for single adults that could not accommodate children, and child welfare policies set deadlines and standards for appropriate housing that put mothers at risk of losing parental rights.

Most women had previously been able to rely on family care giving traditions long documented for African American and other communities of color [14, 15, 26, 27], where mothering responsibilities are often shared and domestic cooperation extends beyond the private household [10, p. 6]. But when needs exceeded what families could provide, women found themselves under the jurisdiction of a variety of public agencies with distinctive and often conflicting missions: to manage homelessness, protect children, treat drug problems or mental illness. However effective these systems may be in accomplishing their ends, they poorly serve those whose problems or needs do not fit existing pigeonholes or available offerings, such as the “invisible mothers” who participated in this study. Slotted into programs that make contradictory demands and that track them toward housing programs for single individuals, they are at risk not only for prolonged homelessness but for permanent separations from their children and termination of their parental rights. The combined effect of these processes is to place them on the wrong side of the fault lines that divide those who are empowered to be mothers and those who are not.

Implications for Services, Policy and Research

To move from recognizing to supporting parenting needs and aspirations by homeless women who are separated from their children will require small and larger changes in services and policy. At the level of services, several measures could make existing shelters more supportive for women who are parents. These include building consideration of parenting status and needs into assessment processes for unaccompanied women, considering and supporting a variety of parenting outcomes, including deciding not to parent, as well as repairing relationships with

children or reunification. Training staff in single adult shelters on custody, child welfare and family housing issues would be a useful step toward creating referral linkages to relevant legal, housing, and child care resources. Shelter and treatment policies should also ensure that granting or withholding contact with children is not used as tool for exacting compliance with program routines.

Many parenting difficulties that mothers reported came from the conflicting agendas and policies of larger institutional systems. Addressing these issues will require cross-agency collaboration at a high level to identify and negotiate workable mechanisms to address competing service system goals and timetables, as well as to develop mechanisms such as case conferencing and referral networks to minimize conflicting demands on mothers and to ensure separated mothers have access to parenting supports and housing for families. Policies should be informed by research that assesses the impact of separations on homeless mothers and children, issues surrounding reunification, and the development and testing of interventions that offer support for diverse parenting goals.

Better service and policy coordination can only go so far in redressing the disempowerment of mothers like those in our study without a societal commitment to social inclusion and the allocation of resources to support it—including the affordable housing and neighborhood services that families need. While allocating resources to distressed families with multiple problems may be hard to leverage at a time when even those with greater economic wherewithal are in danger of losing their homes, the expansion of housing and economic difficulties beyond the most impoverished social groups may make it less easy to reflexively blame such problems on poor decisions and individual inadequacies and focus attention further “upstream” on the institutional practices and larger social policies where restricted options originate. Researchers may play a role by examining the social and cultural mechanisms that marginalize poor mothers and by conducting multi-level studies that link mothers’ individual-level experiences and outcomes with these larger social processes.

Limitations of Study

While this study attempted to fill a critical gap in what we know about homeless women, it is exploratory research with a number of limitations. It focused on the processes that affect parenting among a small sample of homeless women (mostly African American, all with mental health or substance abuse problems), in a large and highly structured urban shelter system at a particular point in time (New York City in the early years of the twenty-first century). While these features of the population and the service system are common elsewhere, and the lack of attention to parenting issues for women remains an issue virtually everywhere, further research is needed to determine how well our data represents the experiences of unaccompanied homeless women in different local populations, and in differently organized service systems. In addition, we have focused on the impact of homelessness and separations on mothers in an effort to counter the invisibility of their parenting concerns; future research must also consider the experiences and

perspectives of children who are separated from homeless mothers, and the factors that affect how they fare.

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